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manitoba
advisory council
on the status
of women

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REPRODUCTIVE HEALTH:

RECOMMENDATIONS
TO THE
GOVERNMENT OF MANITOBA

Submitted to:

Hon. Mary Beth Dolin
Minister Responsible
for the Status of Women

May 16, 1983

It is with difficulty that any government addresses the controversial matter of reproductive health.

The Manitoba Advisory Council on the Status of Women suggests that the vast majority of Manitobans are prepared to accept a just and reasoned response by this government. We believe that the Council's position and its recommendations provide such a response, and urge you to consider them as a matter of pressing concern.

The position of the Manitoba Advisory Council on the Status of Women is based on the premise that province-wide access to reproductive healthcare information, counselling and services will allow women to make informed choices on fertility management and prevention of unplanned pregnancies, and foster responsible and healthy human sexuality in adolescents.

Reproductive healthcare facilities are extremely limited in Manitoba; where they do exist, a full range of services is not provided and this unequal access to inadequate resources particularly penalizes any woman who is not of the financial elite, influential or fortuitous in her place of residence.

A goal of the Council is to see a dramatic decrease in the number of abortions sought by women. The current high number expresses most clearly the urgent need for a provincial framework of public healthcare facilities which provide the full range of preventive measures and reproductive health services.

This goal, however, does not lessen the need for equitable access to legal abortions.

> "We estimate that approximately 4,000 Manitoba women obtained therapeutic abortions in 1982. Of these procedures, about 1700 were performed in Manitoba hospitals and about 2,300 were obtained outside the province, mainly in abortion clinics in North Dakota and Minnesota, for which a fee of U.S. $250 or more was charged per abortion. Even though this is an insured service, these women received no reimbursement. Perhaps 5% of the 2300 went to the U.S. for reasons of anonymity, but the vast majority went out of medical need. The fact that 55% of women seeking abortions had

> to leave the province is shameful and shows how poorly the health needs of Manitoba women are being met."
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> (Concerned Manitoba Physicians, Abortion in Manitoba: A Legal and Medical Perspective; Coalition for Reproductive Choice, 1983).

Abortion is not a method of birth control. Prevention of pregnancy is birth control. When prevention fails, abortion is an option no woman chooses with ease. But women must have the right to equal access to this option, and to counselling services prior to and after the procedure, so that the decision, if taken, is an informed one, and the chance of having to face this decision in the future is effectively reduced.

Our position and our recommendations are not original. Thousands of concerned Manitobans, through organizations, coalitions, and as individuals, have been urging the provincial government to act on this matter, in the manner we are suggesting, year after year after year. We have taken note of briefs, petitions, submissions and proposals presented to the government which go back through three administrations, to 1973, full of facts, statistics, and well-reasoned recommendations. Government's response has inevitably been to ask for yet another study of the issue.

> 1977
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> "Health and Social Development Minister Laurent L. Desjardins has announced the appointment of a 14-member family planning policy advisory committee.
> The committee will examine views on family planning, review services and documents and make recommendations to the Minister."
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> (Manitoba Government News Service, 1977)

> 1979
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> "... I have therefore requested that senior officials of my Department, the Manitoba Health Services

> Commission and the Health Sciences Centre study this proposal* in detail and report back to me with their recommendations."
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> (L.R. Sherman, Minister of Health and Community Services, 1979)

And now, in 1983, the Provincial Government is considering the commission of further "studies" of the problem. The Manitoba Advisory Council on the Status of Women recommends against further delay.

We most strongly believe that only immediate intervention consisting of a policy and programme with sufficient resources to implement will serve to halt the continuing rise in unplanned pregnancies, and lead the way to reproductive health. Government inaction will no longer be accepted as a neutral position. Inaction is a commitment to the status quo, which is a commitment to the continuing increase in unplanned pregnancies, teenage mothers, psychological and financial distress, the need for abortions, unwanted children and the spread of sexually transmittable diseases.

THE MANITOBA ADVISORY COUNCIL ON THE STATUS OF WOMEN
THEREFORE RECOMMENDS THE FOLLOWING:

At the Provincial Government Level,

1. That a comprehensive, province-wide programme be developed and implemented to provide the full range of reproductive healthcare services to all Manitobans at minimal cost.

2. That these services be provided:

   a. Through the institution of regional public reproductive healthcare clinics, and

*Proposal for a Manitoba Centre for Reproductive Health, by the Department of Obstetrics and Gynecology, Health Sciences Centre.

b. Through the expansion of services and facilities in existing hospitals.

3. That these facilities provide the following services:

a. Information, counselling and provision of all safe methods of family planning and birth control, to women and men, including vasectomy and tubal ligation.
Regulations must ensure that decisions regarding prevention of pregnancy are made by the individual concerned in consultation with her/his physician. Where a physician is opposed to birth control, mandatory referral must occur.

b. Public education, co-ordinated at the provincial level, for adolescents: an awareness campaign to include such topics as human sexuality, peer pressure, options and their implications for the future, respect for one's self and others, responsible sexual behaviour, and sexually transmittable diseases.

c. Equal access to safe early abortions when the above measures fail, through ignorance or method failure, and an unplanned pregnancy results. This service must include pre and post-operative counselling, to assist the woman in making an informed decision, and preventing its reoccurance.
Where a physician is opposed to therapeutic abortions, mandatory referral must occur.

d. Pre and post natal health care services, including parental counselling.

At the Federal Government Level,

4. That the Province pressure the Federal Government to remove abortions performed by licensed medical practitioners from the Criminal Code.

The present system of Therapeutic Abortion Committees gives inequitable, inconsistent access to this service, endangers women's health by often delaying the procedure into the second trimester, and fails to provide the women with the right to be heard, or the right to appeal.

Council believes that the decision to terminate a pregnancy must be made by the woman in consultation with her physician.

With Regard to the Morgentaler Clinic,

5. That the Provincial Government should approve the Morgentaler Clinic as a non-profit reproductive healthcare facility, with the stipulation that its management begin to expand resources to cover the complete range of services outlined above as soon as the government policy is in place.

The Manitoba Advisory Council on the Status of Women urges the Manitoba Government to respect the valid concerns of the women of the province, and address the matter of reproductive health care as one of high priority.